Personal Theory of Client Change: An Integrative Approach

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Introduction

A variety of counselling theories exist, however the counselling profession acknowledges that no single theory can be effective for all clients. In this paper, I present my emerging personal counselling approach for supporting adult individuals and couples based on an integration of constructs and interventions from Cognitive-Behavioural Therapy, Adlerian Therapy, Person-Centered Therapy, and Feminist Therapy.

Philosophical Assumptions

Human Nature

Every individual is inherently good and has within them the resources they need to develop and lead adaptive lives. As a social-constructivist, I believe that all behaviours, thoughts, and emotions are products of social interactions and the meanings given to those interactions. People are motivated to connect with others, feel a sense of belonging and find meaning in their experiences (Adler, 1938). Additionally, Bowlby's (1988) theory of attachment claims if a person is successful in forming secure attachments during early childhood, he or she will be able to meet their needs for social interaction and belonging, and in turn develop healthy thoughts, emotions, behaviours, and relationships (Levine & Heller, 2011; Parkes, Stevenson-Hinde, & Marris, 1991).

Maladaptive Functioning

Maladaptive living emerges as a function of the interactions between the individual, others and the environment (Greenberg, 2010) and therefore cannot be attributed to one cause. Maladaptive functioning can result from unhealthy/abusive relationships, traumatic experiences, irrational thoughts, conditioning, oppression, internal conflict, or lack of belonging (Greenberg, 2010). Each of these factors can be

interpreted differently across individuals based on cultural, familial, relational, spiritual, environmental and gender contexts (Jones-Smith, 2016). Maladaptive functioning can be understood through exploring how past experiences influence the client's current ability to function (Morrison & Ferris, 2009), however I agree with Virginia Satir (as cited in Banmen, 2002) who argued that therapy should focus on how maladaptive functioning currently influences the client rather than on the root cause of the behaviour.

Dysfunctional behaviour is maintained by both internal and external factors. People internally maintain problems by making choices that perpetuate the problem, lack of awareness about the impact, toll, and price the client and other's pay, engaging in irrational thoughts, reinforcing negative core beliefs, and failing to find purpose and belonging. Problems are externally maintained by relationships, cultural norms and societal discourses that exacerbate the problem (Jones-Smith, 2016).

Personal Experience

I was raised in a patriarchal home where my parents implemented strict rules on how I was to lead my life and who I was to become. Most of these expectations were based on religion. Thankfully, I had loving, accepting and nurturing familial relationships, which mitigated the wounds caused by religious oppression. After leaving home I was able to get in touch with elements of my true self that were previously inaccessible to me and I encountered alternative ways to find purpose, meaning, and happiness. I slowly created who I am now by making intentional choices regarding my mental, physical, spiritual and emotional health. I believe awareness of the problem and the power to make choices are the most important elements of change; both of which are socially constructed circumstances.

Counselling Definition and Outcomes

What is counselling?

Counselling is a social construct and a collaborative endeavour that focuses on helping people achieve their goals related to mental, physical, emotional, and spiritual health (Jones-Smith, 2016. p.7). Effective counselling requires a combination of task oriented and process oriented approaches. Choosing one or the other is limiting because a reciprocal relationship exists where the tasks influence the client's ability to engage in process orientated conversations and the insight gained through process oriented conversations influence the client's ability to engage in therapeutic tasks (Dery, 2007).

How is success defined and evaluated?

Success is change in a direction determined by the client. In every session, the therapist asks, "What is one thing that has improved, even slightly, since we last saw each other?" (McBride, 2015). The therapist continually documents changes during therapy using both client testimony and rating scales. The Outcome Rating Scale by Miller, Duncan, Brown, Sparks, and Claud (2003) is used to measure client changes and the Session Rating Scale (Miller & Bargmann, 2012) is used to evaluate the therapeutic alliance. Success in therapy is significantly determined by the strength of the therapeutic relationship, but is also based on therapeutic efficacy and effectiveness (Wampold, 2001 as cited in Staszewska, 2009). CBT is widely cited in the literature as both efficacious and effective (Hoffman, Asnaani, Vonk, Sawyer, & Fang, 2012; Jones-Smith, 2016; Pigeon, Moynihan, Matteson-Rusby, Jungquist, Xia, & Perlis, 2012), which is why I have based my theoretical approach on CBT principles.

Counselling Process

Role of the Therapist

The therapist must unconditionally accept the client as a valuable human being, be competent in a variety of techniques and approaches that are flexible and empirically supported, encourage and instil hope, and help clients develop awareness and skills to maintain changes, continue to improve and prevent future problems (Ellis, 2000). As Adler believed, the therapist must find a balance between being supportive and confronting (Jones-Smith, 2016; Heidi, Butler, & Hill, 2006), which requires a strong working alliance and exceptional interpersonal skills including the ability to communicate empathy, congruence, and unconditional positive regard (Elliot, Bohart, Watson &Greenberg, 2011; Farber & Doolin, 2011; Kolden, Kelin, Wang &Austin, 2011; Rogers, 2007). The therapist is the expert in the *process* of therapy and leads the client through activities of "guided discovery" (Jones-Smith, 2016, p. 182).

Role of the Client

Both the client and therapist are active members in the therapy process and co-create meaning in therapy (Jones-Smith, 2016; Paré, 2013). Clients are asked to "actively find solutions to their presenting problems" (Jones-Smith, 2016, p. 94), attend workshops and focus groups (Pini, 2002), complete readings and homework assignments (Haarhoff & Kazantzis, 2007) and participate honestly and authentically in treatment techniques. Most importantly, clients are treated as equals in therapy (Jones-Smith, 2016).

Client-Therapist Relationship

The emotional bond between client and therapist is essential for therapy to be effective because it allows the counsellor to address the client's resistance, transference,

harmful behaviours and thoughts, ineffective strategies, and painful experiences (Gelso & Carter, 1994). The process of collaborative goal setting instils hope in the client that he or she is capable of change and responsible for the change that does occur (Bordin, 1979; Jones-Smith, 2016; Tyron & Winnograd, 2011;). The client and therapist agree to mutual respect and frequently reflect on and evaluate the therapeutic relationship through conversation and the use of surveys (Safran, Muran, & Eubanks-Carter, 2011).

Strategies for influencing change

The most reliable predictor of client change in therapy is a strong working alliance (Bachelor, 1991; Bordin, 1979; Hiebert & Jerry, 2004; Horvath & Symonds, 1991; Meara & Patton, 1994; Raj 2014). Change initiation is largely determined by client awareness that a problem exists and motivation to address the problem, which can be understood and evaluated through motivational interviewing (Britton, Patrick, Wenzel, & Williams, 2011; Markland, Ryan, Tobin, & Rollnick, 2005). Change maintenance is influenced by the client's resilience (Meichenbaum, 2012) and external factors such as environment, relationships, and culture (Jones-Smith, 2016). Various techniques are used to facilitate client change, including active listening (Rogers, 2007), self-disclosure (Knox & Hill, 2003), gender-role interventions (Jones-Smith, 2016), encouragement (Adler, 1938), Socratic questioning and "in spite of…" questions (Riggenbach, 2013), examining irrational beliefs (Craske, 2010), and assessment inventories such as the Beck Depression Inventory and the Beck Anxiety Inventory (Jones-Smith, 2016).

Strengths and Weaknesses

I chose to integrate theories where the strengths of one compensated for the weakness of the others. CBT was chosen for its empirical strength, specific interventions,

and acknowledgement of therapist competency in the change process, which meets Magnusson's (n.d.) criteria for evaluative elements and compensates for the weaknesses of Person-centred therapy and Feminist Therapy. Alternatively, Person-centred therapy acknowledges the client as the expert and the inherent capacity each person has for healing: a weakness of CBT and Attachment theory (Jones-Smith, 2016). CBT fails to acknowledge social and cultural determinants of health (Jones-Smith, 2016), leading me to integrate Feminist Therapy and Attachment Theory and offers and explanation of personal experiences across gender, cohort, or culture (Magnusson, n.d). Furthermore, Attachment Theory compensates for the lack of attention to client history and relational wellness. I explicitly outlined my philosophical assumptions of my integrative approach, making it clear to the reader where my interventions and technique stem from (Magnusson, n.d.). Integrating CBT, Adlerian Therapy, Feminist Therapy and Person-Centered Therapy creates a strong approach with limited gaps, however weaknesses certainly exist. My approach may be ineffective with clients who are not capable of rational reasoning and because it is present-oriented, it may not be suitable for clients with significant histories of trauma (Jones-Smith, 2016). My approach is also focused on building capacity and insight rather than crisis intervention or immediate action-focused therapy (Jones-Smith, 2016). Finally, my emerging approach does not yet meet Magnusson's (n.d.) criteria for the prescriptive element.

Conclusion

Adopting an integrative approach is essential for providing effective, flexible, and ethical therapy and offers an opportunity to creatively meet each client's needs and develop a multitude of strategies and approaches within the counselling profession.

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